



PATIENT

Hiccup Seely

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

13 Years 2 Months

WEIGHT

22.6 lbs

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Allendale Veterinary
 Hospital

REFERRING VET

Dr. Tartini

INVOICE

16344

DATE

06/04/26

PRESENTING CLINICAL SIGNS

Follow-up recheck AUS from ER visit. Chronic pancreatitis, recheck of poss. abdominal mass. At most recent visit, pet is eating well and going to bathroom normal. No pain on palpation of abdomen. Hx of Glaucoma, POD 3, arthritis, multiple dermal masses, heart murmur. meds: Vetsulin 14 units SQ Q12h, Galliprant 60mg, telmisartan 20 mg

Abnormal PE/Chem/CBC/UA Results: Glob 3.7, Ca 12.4, K 5.9, Triglyc 405, AMY 1637, Prec.PSL 2589, Urine: 2+ protein, 2-3 RBC, 0-1 WBC, UPC 1.0, USG 1.021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

No obvious pathology in the area of the residual prostate.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. The left kidney measured 5.8 cm in length. The right kidney measured 5.6 cm in length. Mild left kidney pyelectasia was present.

Adrenal Glands

The adrenal glands were asymmetrically enlarged exhibiting nonhomogenous indistinctly nodular parenchyma. The left adrenal gland measured 2.9 cm length x 1.8 cm width at the caudal pole. The right adrenal gland measured 3.0 cm length x 1.2 cm width at the caudal pole.

Spleen

The spleen revealed a mildly expansive mixed echogenic solid splenic mass with associated capsule distortion measuring approximately 5.0 cm to 6.0 cm in diameter.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized gravity dependent to nondependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas presented enlarged in size with asymmetrical capsule contour and nonhomogenous mildly hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Asymmetrical hypoechoic to mixed echogenic mass was present in the area of the left kidney and left adrenal gland potentially measuring 6.0 cm to 7.0 cm in diameter. The mass appeared to at least involve or invade the left kidney. Associated hyperechoic retroperitoneal space echogenicity and potential scant effusion. No obvious peritoneal effusion or visualized significant omental lymphadenopathy.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

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- Mass in the area of the left kidney/left adrenal gland with evidence of left kidney invasion and associated left retroperitonitis.
- Chronic renal changes.
- Bilateral enlarged nonhomogenous/nodular adrenal glands.
- Hepatomegaly.
- Non-organized gallbladder debris (non-mucocele).
- Enlarged nonhomogenous pancreas.
- Splenic mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, mass in the area of the left kidney/left adrenal gland as well as splenic mass FNA cytology could be considered for further clarification. The pancreas suggests chronic active pancreatitis criteria with pancreatic neoplasia thought less likely. No overt evidence of primary or metastatic hepatic neoplastic criteria.

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Adrenal workup is indicated if clinical signs are consistent with Cushing's syndrome. Concurrent monitoring of systemic BP for hypertension which may suggest pheochromocytoma is suggested. Multicentric renal, adrenal and splenic neoplastic criteria is likely. Assuming no pathology on three view chest radiographs, abdominal CT (gold standard) for further clarification.

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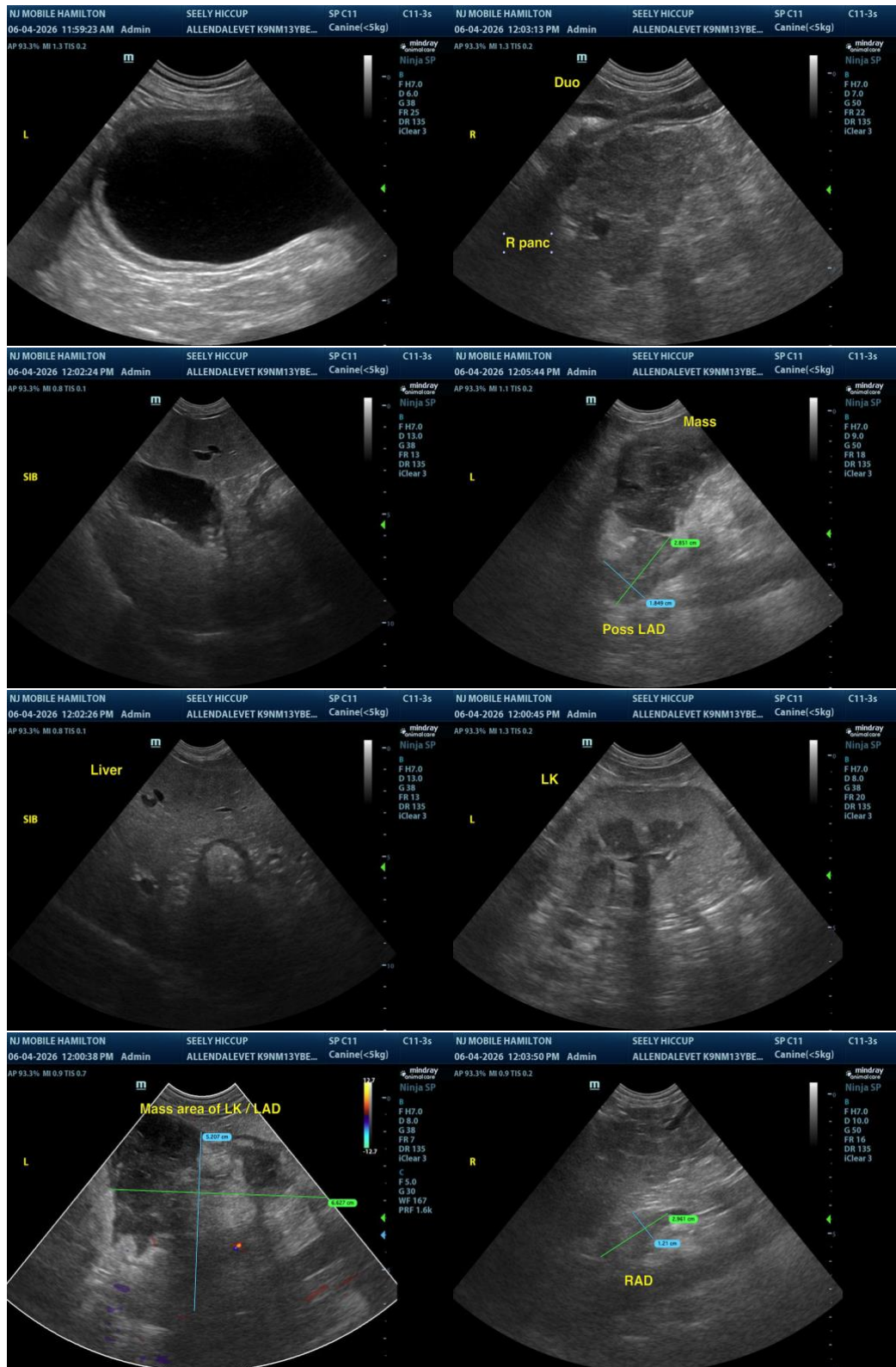
Dr. Tartini

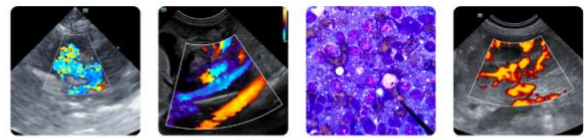
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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